

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1995

Application or Docket Number

603 0383

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	13 minus 20 = *	
INDEPENDENT CLAIMS	4 minus 3 = *	1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	375.00
x\$11=	
x39=	
+125=	
TOTAL	

OR

RATE	FEE
	750.00
x\$22=	
x78=	78
+250=	
TOTAL	828

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
	Independent	*	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
x\$22=	
x78=	
+250=	
TOTAL ADDIT. FEE	

AMENDMENT B

(Column 1)

(Column 2)

(Column 3)

CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
x\$22=	
x78=	
+250=	
TOTAL ADDIT. FEE	

AMENDMENT C

(Column 1)

(Column 2)

(Column 3)

CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 9	Minus	** 13
Independent	* 3	Minus	*** 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDITIONAL FEE
x\$11=	
x39=	
+125=	
TOTAL ADDIT. FEE	

OR

RATE	ADDITIONAL FEE
x\$22=	
x78=	
+250=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND															
1 Date of Request: <u>8-28-96</u>		2 Serial/Patent # <u>06/630383</u>													
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED												
<input checked="" type="checkbox"/>	Filing		\$ 39.00												
<input type="checkbox"/>	Amendment		\$												
<input type="checkbox"/>	Extension of Time		\$												
<input type="checkbox"/>	Notice of Appeal/Appeal		\$												
<input type="checkbox"/>	Petition		\$												
<input type="checkbox"/>	Issue		\$												
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$												
<input type="checkbox"/>	Maintenance		\$												
<input type="checkbox"/>	Assignment		\$												
<input type="checkbox"/>	Other		\$												
		7 TOTAL AMOUNT OF REFUND \$ 39.00													
10 REASON:		8 TO BE REFUNDED BY:													
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Treasury Check												
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	Credit Deposit A/C #:												
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													
11 REFUND REQUESTED BY:															
TYPED/PRINTED NAME: <u>S. Ahmed</u>		TITLE: <u>L.I. Ex.</u>													
SIGNATURE: <u><i>S. Ahmed</i></u>		PHONE: <u>308-1172</u>													
OFFICE: <u>OPIE</u>															
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****															
APPROVED: <u><i>Walter Johnson</i></u>		DATE: <u>8-30-96</u>													

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B